

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317 543 2192 63-080823

FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Jennings

Length of stay in 1b

3 months

c. FULL NAME OF (If NOT in hospital, give location)

Hightower Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY St. Louis

c. CITY

Jennings

OR TOWN

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

5473 Hamilton

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

EDWARD

Middle

FRED

Last

MEYER

4. DATE OF DEATH

Month

July

Day

7

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed ☐

8. DATE OF BIRTH

3/5/1891

9. AGE (last birthday)

72

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Floorman

10b. KIND OF BUSINESS OR INDUSTRY

Bank

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM H. MEYER

13b. MOTHER'S MAIDEN NAME

CAROLINE ROHLFING

14. NAME OF HUSBAND OR WIFE

CLARA C. MEYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

W.W. I

17. INFORMANT

Address

Clara C. Meyer 5473 Hamilton Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Cerebral Hemorrhage 1959

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20f. INJURY OCCURRED WHILE AT WORK

☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

☐

20h. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 1962 to July 7, 1963 and last saw him alive on July 2 - 63

Death occurred at July 7 - 63 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or title)

22b. ADDRESS

3700 N Grand

22c. DATE SIGNED

7/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

July 9, 1963

23c. NAME OF CEMETERY OR CREMATORY

Concordia Cemetery

23d. LOCATION (City, town, or county)

St. Louis Missouri

24. FUNERAL DIRECTOR

ADDRESS

BUCHHOLZ MORTUARY 5967 W. FLORISSANT AVE.

25. DATE RECD. BY LOCAL REG.

7-9-63

26. REGISTRAR'S SIGNATURE

John B. Murphy

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Richard J. Buchholz

Licensed Embalmer No. _____

4557

P. O. Address _____

St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.